

## Fill in this information to identify the case:

Debtor name Itasca County Farm Service Association

United States Bankruptcy Court for the: \_\_\_\_\_ District of MN  
(State)

Case number (If known): 21-50389

☐ Check if this is an amended filing

## Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

\$ \_\_\_\_\_

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Grand Rapids State Bank</u>	<u>Checking</u>	<u>3 4 4 6</u>	\$ <u>11,030.00</u>
3.2. _____	_____	_____	\$ _____

## 4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 11,030.00**Part 2: Deposits and prepayments**

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

## Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$

Add lines 7 through 8. Copy the total to line 81.

\$ 0

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

### 11. Accounts receivable

11a. 90 days old or less:  $\frac{523.74}{\text{face amount}} - \frac{\text{doubtful or uncollectible accounts}}{\text{face amount}} = \text{.....} \rightarrow \$ \frac{523.74}{\text{face amount}}$

11b. Over 90 days old:  $\frac{1,499.80}{\text{face amount}} - \frac{\text{doubtful or uncollectible accounts}}{\text{face amount}} = \dots\dots \rightarrow \$ 1,499.80$

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 2,023.54

**13. Does the debtor own any investments?**

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

**Current value of debtor's interest**

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ §

14.2. \_\_\_\_\_ \$

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \$

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$

16.2. \_\_\_\_\_ \$

Add lines 14 through 16. Copy the total to line 83.

§

Debtor

Name

Itasca County Farm Service Association

Case number (if known)

21-50389

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b> Liquid Molasses	?	Ingredient in manufactured feed		\$ 3,000
Bulk Fertilizer	MM / DD / YYYY	Blended with other fertilizer materials		11.200
20. <b>Work in progress</b>				
21. <b>Finished goods, including goods held for resale</b> Chemicals	?	Lawn products; 1-55 gallon 2-4-D		\$ 3,500
Store Goods for Resale	MM / DD / YYYY	Bird feeders, bird feed, mineral block,		15,000
22. <b>Other inventory or supplies</b>	?	bagged feed,		
23. <b>Total of Part 5</b>				\$ 32,700

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☐ No  
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops—either planted or harvested</b>			
29. <b>Farm animals</b> Examples: Livestock, poultry, farm-raised fish			
30. <b>Farm machinery and equipment</b> (Other than titled motor vehicles)			
31. <b>Farm and fishing supplies, chemicals, and feed</b>			
32. <b>Other farming and fishing-related property not already listed in Part 6</b>			

Debtor

Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> 4 metal desks, 6 office chairs, 11 cabinets	\$ 0		\$ 525.00
40. <b>Office fixtures</b> bag inventory, bagger, bag sewing thing,	\$		\$ 825.00
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> 3 printers, 1 computer, 1 fax machine, scale, bag sealer, small frig.	0		\$ 765.00
42. <b>Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles 42.1 <u>Deer Association Print of Deer</u>	\$		\$ 25.00
42.2 <u>Deer Association Print of Deer</u>	\$		\$ 25.00
42.3 <u>Deer Association Print of Deer</u>	\$		\$ 25.00

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 2,190.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 1995 GMC Feed Truck with Box	\$ 0	comparable value	\$ \$4,000
47.2 1997 Ford F-250 4x4 Pick-up	\$ 0	comparable value	\$ \$2,500
47.3 Refurbished Feed Box	\$ 0	comparable value	\$ \$1,500
47.4	\$		\$
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1	\$		\$
48.2 None	\$		\$
<b>49. Aircraft and accessories</b>			
49.1	\$		\$
49.2 None	\$		\$
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
Property, Plant and Equipment	\$		\$ \$25,000
<b>51. Total of Part 8.</b> Add lines 47 through 50. Copy the total to line 87.			\$ 33,000

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No  
☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 900 W. 4th Street, Grand Rapids, MN, 55744, Feed Mill, Grain and Warehouse with Agronomy (fertilizer, chemical, seed) Storage	OWNER	\$	Assessed Value	\$ 360,000
55.2 707 North 6th Avenue, Virginia, MN 55792, Retail Feed Store and Warehouse	OWNER.	\$	Assessed Value	\$ 103,000
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 463,000

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No
- ☒ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$ 0		\$ 0
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0

Debtor

Itasca County Farm Service Association  
Name

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Case number (if known)

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67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = ➔ \$ \_\_\_\_\_  
 Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Net Loss Carryforward

Tax year \_\_\_\_\_ \$ 23,296  
 Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
 Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

Allocated equities received from Land O' Lakes

\$ 25,212

Allocated equities received from CHS

\$ 14,914

Allocated equities received from Voluntary Purchasing Groups

\$ 4,220

78. Total of Part 11.

\$ 67,642

Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 11,030.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	2023.54	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 32,700.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 2,190.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 33,000	
88. Real property. <i>Copy line 56, Part 9.</i> .....	→	\$ 463,000
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 67,642.00	
91. Total. Add lines 80 through 90 for each column..... 91a.	\$ 148,581.00	+ 91b. \$ 463,000
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....	\$ 611,581	

## Fill in this information to identify the case:

Debtor name Itasca County Farm Service Association  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of MN  
 (State)  
 Case number (If known): 21-50389

☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

<b>2.1</b> Creditor's name <u>Deerwood Bank</u>  Creditor's mailing address <u>2950 S. Hwy 169</u> <u>P.O. Box 429</u> <u>Grand Rapids, MN 55744</u> Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number <u>5 2 1 6</u>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____	Describe debtor's property that is subject to a lien <u>Grand Rapids facilities and warehouse where products are manufactured, and retail sales of products and services occur</u>  Describe the lien <u>mortgage</u>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>102,141.84</u> <u>\$360,000</u>
<b>2.2</b> Creditor's name <u>Deerwood Bank</u>  Creditor's mailing address <u>2950 S. Hwy 169</u> <u>P.O. Box 429</u> <u>Grand Rapids, MN 55744</u> Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number <u>5 4 5 5</u>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Grand Rapids facilities and warehouse where products are manufactured, and retail sales of products and services occur</u>  Describe the lien <u>mortgage</u>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>116,694.15</u> <u>\$ 360,000</u>
<b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b>		<u>\$ 242,808.99</u>

**Part 1: Additional Page**

Column A

**Amount of claim**

Do not deduct the value of collateral.

Column B

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<b>2.3</b> Creditor's name <u>Grand Rapids Economic Development Authority</u> Creditor's mailing address <u>402 N. Pokegama</u> <u>Grand Rapids, MN 55744</u>  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number _____  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <u>Deerwood Bank has priority mortgage over Grand Rapids Economic Development Authority</u>  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Grand Rapids facilities and warehouse where products are manufactured, and retail sales of products and services occur</u>  <b>Describe the lien</b> <u>mortgage</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Amount of claim <u>\$23,973.00</u>  Value of collateral that supports this claim <u>\$ 360,000</u>

<b>2.</b> Creditor's name _____  Creditor's mailing address _____  Creditor's email address, if known _____  Date debt was incurred _____ Last 4 digits of account number _____  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____  <b>Describe the lien</b> _____  <b>Is the creditor an insider or related party?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Amount of claim _____  Value of collateral that supports this claim _____



## Fill in this information to identify the case:

Debtor \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

## Official Form 206E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address

United Benefits Group  
P.O. Box 169005  
Kansas City, MO 64116-9005

Date or dates debt was incurred  
March 31, 2021

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$

Total claim  
304,643

Priority amount  
\$10,000

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

11 USC 507(a)(5)

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.2** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

\_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

**2.3** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account  
number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

\_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> _____ Aden Brook PO Box 217 Montgomery, NY 12549  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 517.50
3.2	<b>Nonpriority creditor's name and mailing address</b> _____ Adventurekeen 2204 1st Ave S, Suite 102 Birmingham, AL 35233  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 430.88
3.3	<b>Nonpriority creditor's name and mailing address</b> _____ AGCO Finance LLC PO Box 9263 Des Moines, IA 50306-9263  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 20,000.00
3.4	<b>Nonpriority creditor's name and mailing address</b> _____ Arabian Haven Ranch, LLC W261 County Road D Borth, WI 54923  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 1,766.10
3.5	<b>Nonpriority creditor's name and mailing address</b> _____ Armor Animal Health 1240 Green Valley Road Beaver Dam, WI 53916  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 27,221.98
3.6	<b>Nonpriority creditor's name and mailing address</b> _____ BNSF Railway Co. PO Box 676160 Dallas, TX 75267-6160  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 9,550.88

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address Carlson Wholesale Inc. 3780 Quail Road NE Sauk Rapids, MN 56379	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 664.80
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address Century Link PO Box 4300 Carol Stream, IL 60197-4300	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 990.00
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Century Link PO Box 91155 Seattle, WA 98111-9255	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 768.44
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address Century Link PO Box 2956 Phoenix, AZ 85062-2956	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 426.07
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Country Pet Foods, LLC 505 Atlantic Ave DeGraff, MN 56271	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,655.09
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.12	<p>Nonpriority creditor's name and mailing address</p> <p>Dave Hron Jr. 23716 Co Rd 197 Deer River, MN 56636</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 6,872.50</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.13	<p>Nonpriority creditor's name and mailing address</p> <p>Deer Creek Seed PO Box 105 Ashland, WI 54806</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 2,669.34</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.14	<p>Nonpriority creditor's name and mailing address</p> <p>Dept. of Public Utilities PO Box 1048 Virginia, MN 55792-1048</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 7,497.94</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.15	<p>Nonpriority creditor's name and mailing address</p> <p>Feddick Distributing 9887 St. Croix Trail North Branch, MN 55056</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 1,332.07</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.16	<p>Nonpriority creditor's name and mailing address</p> <p>Fosston Tri-Coop PO Box 88 Fosston, MN 56542</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 4,896.87</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.17	<p>Nonpriority creditor's name and mailing address</p> <p>Foster's Inc. PO Box 2674 Waterloo, IA 50704-2674</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 18,830.99</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.18	<p>Nonpriority creditor's name and mailing address</p> <p>Fred Wangler PO Box 643 Casselton, ND 58012</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 4,500.00</p> <p>Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	<p>Nonpriority creditor's name and mailing address</p> <p>Grand Rapids Economic Development Authority 420 N. Pokegama Avenue Grand Rapids, MN 55744</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 15,000</p> <p>Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<p>Nonpriority creditor's name and mailing address</p> <p>Dept. of Public Utilities PO Box 1048 Virginia, MN 55792-1048</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 7,497.94</p> <p>Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<p>Nonpriority creditor's name and mailing address</p> <p>Hometown Focus 401 6th Ave N., Suite 111 Virginia, MN 55792</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 1,725.37</p> <p>Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.22	<p>Nonpriority creditor's name and mailing address</p> <p>Itasca Co. 4H Federation 123 NE 4th St. Grand Rapids, MN 55744</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 2,100</p> <p>Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.23	<p>Nonpriority creditor's name and mailing address</p> <p>Itasca Co. Agricultural Assoc. 1336 Fairgrounds Rd. Grand Rapids, MN 55744</p> <p>Date or dates debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: \$ 3,530.40</p> <p>Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Kirk Gilbertson CPA, PA</b> <b>PO Box 655</b> <b>Grand Rapids, MN 55744</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <b>264.80</b>
<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> <b>LVC Companies, Inc.</b> <b>4200 West 76th St.</b> <b>Minneapolis, MN 55435</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <b>317.66</b>
<b>3.26</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Communications</b> <b>11 E Superior St., Suite 380</b> <b>Duluth, MN 55802</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <b>1,286.30</b>
<b>3.27</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Midwest Supply and Distributing</b> <b>828 19th Ave. NE</b> <b>St. Joseph, MN 56374</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <b>4,767.14</b>
<b>3.28</b>	<b>Nonpriority creditor's name and mailing address</b> <b>Minuteman Press</b> <b>70 SE 7th Street</b> <b>Grand Rapids, MN 55744</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <b>1,050.73</b>
<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> <b>MN Energy Resources</b> <b>PO Box 6040</b> <b>Carol Stream, IL 60197-6040</b>  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ <b>1,880.61</b>

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.30	<b>Nonpriority creditor's name and mailing address</b> MVTL PO Box 249 New Ulm, MN 56073-0249  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 82.00
3.31	<b>Nonpriority creditor's name and mailing address</b> Napa Supply of Grand Rapids 404 NE 4th Street Grand Rapids, MN 55744  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 273.99
3.32	<b>Nonpriority creditor's name and mailing address</b> Norland Environmental Service, Inc. 238 Jess Harry Rd Grand Rapids, MN 55744  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 635.66
3.33	<b>Nonpriority creditor's name and mailing address</b> Northwest Gas 1608 NW 4th St. Grand Rapids, MN 55744  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 976.32
3.34	<b>Nonpriority creditor's name and mailing address</b> Nutra Blend, LLC PO Box 202619 Dallas, TX 75320-2619  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 13,712.40
3.35	<b>Nonpriority creditor's name and mailing address</b> Real Presence Radio 503 7th St. N, Suite 101 Fargo, ND 58102  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
		\$ 100.00

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.36	<b>Nonpriority creditor's name and mailing address</b> RJ Hunt Seed Co. 13477 Co. Rd. 101 Wadena, MN 56482  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 1,050.73 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> S&K Packaging 120 N Frentress Lake Rd. East Dubuque, IL 61025  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 1,638.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> Seedway PO Box 250 Hall, NY 14463-0250  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 754.39 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> U.S. Commodities, LLC 730 2nd Ave. S. Unit 700 Minneapolis, MN 55402  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 20,973 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b> Westway Feed Products LLC 365 Canal Street, Suite 2929 New Orleans, LA 70130  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 825.48 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
3.41	<b>Nonpriority creditor's name and mailing address</b> DANIEL BROWN 18759 BLUE BIRD DRIVE GRAND RAPIDS, MN 55744  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> \$ 25,000 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Uncashed payroll checks  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a. \$ 304,643

5b. Total claims from Part 2

5b. + \$ 233,034.37

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 537,677.37

## Fill in this information to identify the case:

Debtor name Itasca County Farm Service Association

United States Bankruptcy Court for the: \_\_\_\_\_ District of MN  
(State)

Case number (If known): 21-50389feder

☐ Check if this is an amended filing

## Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address		Name	Check all schedules that apply:
2.1	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.2	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.3	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.4	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.5	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	

Fill in this information to identify the case:

Debtor name Itasca County Farm Service Association

United States Bankruptcy Court for the: \_\_\_\_\_ District of MN  
(State)

Case number (If known): 21-50389 Chapter \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

Fill in this information to identify the case and this filing:

Debtor Name Itasca County Farm Service Association  
United States Bankruptcy Court for the: \_\_\_\_\_ District of MN  
(State)  
Case number (If known): 21-50389

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/27/2021  
MM / DD / YYYY

x

  
Signature of individual signing on behalf of debtor

Joel Dahlgren

Printed name

Attorney for Itasca County Farm Service Association  
Position or relationship to debtor